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From: Robert M. Bauer, Esq. **Date:** June 14, 2004
Direct Dial: 212-895-2630 **Client/Matter #:** 6173/4006US

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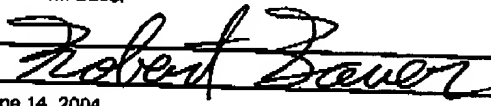
In re Application of : Hasse SINIVAARA et al.
Application No. : 09/937,044
Filing Date : January 8, 2002
Group : 2643
Examiner : Not Yet Assigned
Title : VEHICLE TELEPHONE SYSTEM


Please find enclosed: CHANGE OF CORRESPONDENCE, ADDRESS, STATEMENT
UNDER 37 CFR 3.73(b), POWER OF ATTORNEY, TRANSMITTAL FORM

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/937,044
	Filing Date	01/08/2002
	First Named Inventor	Hasse SINIVAARA
	Art Unit	2843
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	6173/4006US (NEW - PLEASE CHANGE)

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b), Change of Correspondence Address
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Firm or Individual name	Robert M. Bauer	
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